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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**



Declaration
Submitted
With Initial
Filing

OR



Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number

PC-1959001

First Named Inventor

Joseph Fisher

COMPLETE IF KNOWN

Application Number

Filing Date

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD FOR CONTINUOUS MEASUREMENT OF FLUX OF GASES IN THE LUNGS
DURING BREATHING

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

03/21/2003

as United States Application Number or PCT International

Application Number

PCT/CA03/00399

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
2,379,353	CA	03/28/2002	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

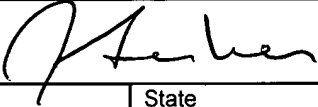

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

BEST AVAILABLE COPY

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number: <u>23607</u> OR <input type="checkbox"/> Correspondence address below			
Name			
Address			
City		State	ZIP
Country	Telephone	Fax	
<small>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</small>			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <u>Joseph</u>		Family Name or Surname <u>Fisher</u>	
Inventor's Signature 		Date <u>3/7/05</u>	
Residence: City <u>Toronto</u> <u>CAX</u>	State <u>Ontario</u>	Country <u>Canada</u>	Citizenship <u>Canadian</u>
Mailing Address The Toronto General Hospital, Department of Anesthesiology 200 Elizabeth Street			
City <u>Toronto</u>	State <u>Ontario</u>	ZIP <u>M5G 2C4</u>	Country <u>Canada</u>
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <u>David</u>		Family Name or Surname <u>Preiss</u>	
Inventor's Signature 		Date <u>3/2/05</u>	
Residence: City <u>Toronto</u> <u>CAX</u>	State <u>Ontario</u>	Country <u>Canada</u>	Citizenship <u>Canadian</u>
Mailing Address The Toronto General Hospital, Department of Anesthesiology 200 Elizabeth Street			
City <u>Toronto</u>	State <u>Ontario</u>	ZIP <u>M5G 2C4</u>	Country <u>Canada</u>
<input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Page ____ of ____

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Takafumi		Azami	
Inventor's Signature <i>Takafumi Azami</i>		Date <i>March 08 2005</i>	
Toronto Residence: City	Ontario State	Canada Country	Canadian Citizenship
The Toronto General Hospital, Department of Anesthesiology Mailing Address			
200 Elizabeth Street Mailing Address			
Toronto City	Ontario State	M5G 2C4 Zip	Canada Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Alex		Veale	
Inventor's Signature <i>Alex Veale</i>		Date <i>Feb 6 2005</i>	
Toronto Residence: City	Ontario State	Canada Country	Canadian Citizenship
The Toronto General Hospital, Department of Anesthesiology Mailing Address			
200 Elizabeth Street Mailing Address			
Toronto City	Ontario State	M5G 2C4 Zip	Canada Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Elkan		Prieman	
Inventor's Signature <i>Elkan Prieman</i>		Date <i>March 02, 2005</i>	
Toronto Residence: City	Ontario State	Canada Country	Canadian Citizenship
The Toronto General Hospital, Department of Anesthesiology Mailing Address			
200 Elizabeth Street Mailing Address			
Toronto City	Ontario State	M5G 2C4 Zip	CANADA Country

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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet

Page _____ of _____

Name of Additional Joint Inventor, if any:☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Takafumi

Azami

Inventor's
Signature

Date

Toronto
Residence: CityOntario
StateCanada
CountryCanadian
CitizenshipThe Toronto General Hospital, Department of Anesthesiology
Mailing Address200 Elizabeth Street
Mailing AddressToronto
CityOntario
StateM5G 2C4
ZipCanada
Country**Name of Additional Joint Inventor, if any:**☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Alex

Vesely

Inventor's
Signature

Date

Feb 6 2005

Toronto
Residence: City CAXOntario
StateCanada
CountryCanadian
CitizenshipThe Toronto General Hospital, Department of Anesthesiology
Mailing Address200 Elizabeth Street
Mailing AddressToronto
CityOntario
StateM5G 2C4
ZipCanada
Country**Name of Additional Joint Inventor, if any:**☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Eitan

Prisman

Inventor's
Signature

Date

March 02, 2005

Toronto
Residence: City CAXOntario
StateCanada
CountryCanadian
CitizenshipThe Toronto General Hospital, Department of Anesthesiology
Mailing Address200 Elizabeth Street
Mailing AddressToronto
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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet

Page ----- of -----

Name of Additional Joint Inventor, if any:☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

TehillaAdamsInventor's
Signature*Tehilla Adams*

Date

March 6/05

Toronto

Residence: City

CA

Ontario

State

Canada

Country

Canadian

Citizenship

The Toronto General Hospital, Department of Anesthesiology
Mailing Address200 Elizabeth Street
Mailing Address

Toronto

City

Ontario

State

M5G 2C4

Zip

Canada

Country

Name of Additional Joint Inventor, if any:☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Inventor's
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

Mailing Address

City

State

Zip

Country

Name of Additional Joint Inventor, if any:☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Inventor's
Signature*Tehilla Adams*

Date

Residence: City

State

Country

Citizenship

Mailing Address

Mailing Address

City

State

Zip

Country

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number

Filing Date

First Named Inventor

Joseph Fisher

Title

Method for Continuous measurem

Art Unit

Examiner Name

Attorney Docket Number

PC-1959001

I hereby appoint:



Practitioners associated with the Customer Number:

23607

OR



Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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OR



The address associated with Customer Number:

OR

Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:



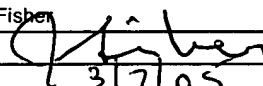
Applicant/Inventor.



Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record (if assignee, put name, title and company name in the "Name" space below)

Name	Joseph Fisher		
Signature			
Date	3/7/05	Telephone	(416) 340-4800

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.



*Total of 6 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	David Preiss
Title	Method for continuous measurem
Art Unit	
Examiner Name	
Attorney Docket Number	PC-1959001

I hereby appoint:

☒ Practitioners associated with the Customer Number:

23607

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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☐ The address associated with Customer Number:

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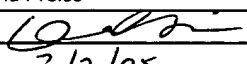
<input type="checkbox"/> Firm or Individual Name				
Address				
Address				
City	State	Zip		
Country				
Telephone	Fax			

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record (if assignee, put name, title and company name in the "Name" space below)

Name	David Preiss		
Signature			
Date	3/2/05	Telephone	(416) 340-4800

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below".

☒ *Total of 6 forms are submitted.

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and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	Takafumi Azami
Title	Method for continuous measurem
Art Unit	
Examiner Name	
Attorney Docket Number	PC-1558001

I hereby appoint:

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23607

OR

☐ Practitioner(s) named below:

Name	Registration Number

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☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City	State	Zip	
Country			
Telephone	Fax		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/90)

SIGNATURE of Applicant or Assignee of Record (If assignee, put name, title and company name in the "Name" space below)

Name	Takafumi Azami		
Signature	<i>Takafumi Azami</i>		
Date	March 08 2005	Telephone	(410)340-4800

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 6 forms are submitted.

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	
Filing Date	
First Named Inventor	Alex Vesely
Title	Method for continuous measurem
Art Unit	
Examiner Name	
Attorney Docket Number	PC-1959001

I hereby appoint:

☒ Practitioners associated with the Customer Number:

23607

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name

Address

Address

City

State

Zip

Country

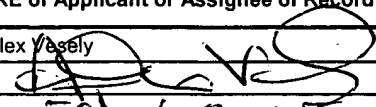
Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
SIGNATURE of Applicant or Assignee of Record (if assignee, put name, title and company name in the "Name" space below)

Name	Alex Vesely
Signature	
Date	FEB 6 2005
Telephone	(416) 340-4800

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 6 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	
Filing Date	
First Named Inventor	Eitan Prisman
Title	Method for continuous measurem
Art Unit	
Examiner Name	
Attorney Docket Number	PC-1959001

I hereby appoint:



Practitioners associated with the Customer Number:

23607

OR



Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:



The address associated with the above-mentioned Customer Number:

OR



The address associated with Customer Number:

OR

Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:



Applicant/Inventor.



Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record (if assignee, put name, title and company name in the "Name" space below)

Name	Eitan Prisman
Signature	<i>Eitan Prisman</i>
Date	March 02, 2005
Telephone	(416) 340-4800

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.



*Total of 6 forms are submitted.

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	
Filing Date	
First Named Inventor	Tehilla Adams
Title	Method for continuous measurem
Art Unit	
Examiner Name	
Attorney Docket Number	PC-1959001

I hereby appoint:

☒ Practitioners associated with the Customer Number:

23607

OR

☐ Practitioner(s) named below:

Name	Registration Number

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Address

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record (if assignee, put name, title and company name in the "Name" space below)

Name	Tehilla Adams		
Signature	<i>Tehilla Adams</i>		
Date	March 6/05	Telephone	(416) 340-4800

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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